

2008 ELECTION CYCLE
CPR - SS 08-01(b)

OFFICE USE
ONLY

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate JERRY R. TURNER
Address 1290 CARROLLVILLE RD. BALDWIN, MS 38824 County PRENTISS-LEE
Telephone (Work) 662-321-5558 (Home) 662-365-5135 (Fax) 662-365-5135
Contact Name ELLEN TURNER Email Address jerryturner@yahoo.com
Office Sought STATE REPRESENTATIVE Political Party REPUBLICAN



Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>2,150.00</u> + \$ <u>700.00</u>	\$ <u>2,850.00</u>	\$ <u>2,850.00</u>
Total amount of disbursements \$	<u>7,216.88</u> + \$ <u>366.00</u>	\$ <u>7,582.88</u>	\$ <u>7,582.88</u>
Total amount of cash on hand		\$ <u>5,613.02</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jerry R. Turner
(Signature of Candidate)

1-28-08
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

JERRY R. TURNERPage 2 of 5

Reporting period

1/1/08

through

12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee for CLEAN ENVIRONMENT AND FAIR TAXATION (CEAFT)</u>		<u>1/4/08</u>	\$ <u>200.00</u>
Mailing Address <u>300-B NORTH STATE STREET</u>		<u>2/29/08</u>	\$ <u>200.00</u>
City, State, Zip Code <u>JACKSON, MS. 39216</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UST PUBLIC AFFAIRS INC</u>		<u>1/11/08</u>	\$ <u>500.00</u>
Mailing Address <u>6 High Edge Park Bldg A</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>Stanford Ct. 06905</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>1/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>278 PLANTERS GROVE</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>RIDELAND, MS. 39157</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>NA</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LUKE MONTGOMERY</u>		<u>2/29/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 37</u>		<u>1/1/08</u>	\$
City, State, Zip Code <u>FULTON, MS. 38843</u>		<u>1/1/08</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1/1/08</u>	\$
Occupation (Required) <u>Business Owner</u>		Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee JERRY R. TURNER
 Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	CHASE CARD SERVICES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 15298	2/6/08	\$ 149.80
City, State, Zip Code	WILMINGTON, DE - 19850-5298	2/29/08	\$ 650.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 41
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		3/28/08	\$ 291.68
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,091.48
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate	\$

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Name of Candidate or Committee

JERRY R. TURNER

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Reporting period

11/08

through

12/31/08

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name TITLE CASH of Ms. Inc		7/29/08	\$ 250.00
Mailing Address 1306 UNIVERSITY AV.		___/___/___	\$
City, State, Zip Code OXFORD Ms. 38655		___/___/___	\$
Name of Employer (Required) MEREDITH BROYLES		___/___/___	\$
Occupation (Required) FINANCIAL SERVICES		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

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Name of Candidate or Committee

JERRY R. TURNER

Reporting period

1/1/08

through

12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JOE VESS</u>	<u>1/16/08</u>	\$ <u>250.00</u>
Mailing Address		
<u>CR 6105</u>		
City, State, Zip Code		
<u>BALDWIN, MS 38824</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GUNTOWN LIONS CLUB HORSE SHOW</u>	<u>5/8/08</u>	\$ <u>225.00</u>
Mailing Address		
<u>Main St</u>		
City, State, Zip Code		
<u>GUNTOWN, MS 38849</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>225.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JERRY TURNER</u>	<u>1/29/08</u>	\$ <u>4,635.40</u>
Mailing Address		
<u>1290 CARROLLVILLE</u>		
City, State, Zip Code		
<u>BALDWIN, MS 38824</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,635.40</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CLEAR CHANNEL</u>	<u>1/29/08</u>	\$ <u>140.00</u>
Mailing Address		
<u>P.O. Box 934267</u>		
City, State, Zip Code		
<u>ATLANTA, GA. 31193-4267</u>	<u>2/15/08</u>	\$ <u>140.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>↓</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>4/8/08</u>	\$ <u>140.00</u>
Mailing Address		
City, State, Zip Code		
	<u>5/22/08</u>	\$ <u>35.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>↓</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>10/29/08</u>	\$ <u>140.00</u>
Mailing Address		
City, State, Zip Code		
	<u>1/27/08</u>	\$ <u>140.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>735.00</u>